

# State Consumer and Family Advisory Committee Nomination Form

**Note:** All completed forms should be sent to the appropriate Appointing Authorities  
(See Appointing Authority Contact Information)

## NOMINEE INFORMATION

**Name:**

Self nomination ☐ **or** Nominated by  
Has nominee consented to serve if selected? ☐

**Address:**

**City:**            **Zip:**            **County:**  
**Phone:**            **E-Mail:**

**Gender:** Male ☐ Female ☐

**Ethnic Background:** African-American ☐ Hispanic ☐ Native American ☐ Asian ☐  
Caucasian ☐ Other (Please Indicate)

**Nominee is a:** ☐ Consumer ☐ Family Member of Consumer (i.e.: parent, spouse, etc.)

**Nominee represents which of the following disability groups:**

☐ mental health ☐ developmental disabilities ☐ substance abuse

Relationship to Consumer (if a Family Member)

**PLEASE LIST ALL OF THE NOMINEE'S INVOLVEMENTS IN MH/DD/SA IN THE  
COMMUNITY (Check everything that applies)**

- ☐ Member of local Consumer and Family Advisory Committee (name)  
☐ Local advocacy group(s) (list)

Do you work directly or contract with any of the following:

☐ local LME/AP ☐ provider agency ☐ advocacy group ☐ other  
(give details of work)

Other involvement with your local LME or Providers (explain)

**Applicants with disabilities and needs requiring special accommodations may  
contact our office. Appropriate arrangements can be made to ensure successful  
participation on the State CFAC.**

## **NOMINEE'S INTEREST AND QUALIFICATIONS**

**Please check all areas that apply to applicant:**

- |   |  |
|---|--|
| <input type="checkbox"/> Ability to Influence Policy                              | <input type="checkbox"/> Recruitment Skills            |
| <input type="checkbox"/> Served on other Boards/Committees                        | <input type="checkbox"/> Email Use                     |
| <input type="checkbox"/> Telephone Skills<br>(Research/Collection of Information) | <input type="checkbox"/> Writing/Summarizing Reports   |
| <input type="checkbox"/> Statistics/Survey Development/<br>Evaluation of Surveys  | <input type="checkbox"/> Editing Documents             |
|   | <input type="checkbox"/> Calculator                    |
|   | <input type="checkbox"/> Disability Specific Knowledge |

**Computer abilities:**

- |   |   |
|---|---|
| <input type="checkbox"/> MS Word Processing | <input type="checkbox"/> Excel Spreadsheets |
| <input type="checkbox"/> Access Database    | <input type="checkbox"/> PowerPoint         |
| <input type="checkbox"/> Publisher          | <input type="checkbox"/> Internet Research  |

Please describe the nominee's qualifications to serve on the State Consumer and Family Advisory Committee. Make sure that you include all relevant experience that relates to advocacy, productive team – building, and problem – solving skills:

\*(Office use only)\*\*\*\*\*

Date Received

Reviewed By

Disposition